



2016 Reading Program Enrollment form



School Name: _____

Address: _____

City, State, ZIP: _____

Contact Name: _____ Position: _____

Phone: _____

E-Mail Address: _____

Fax: _____

Best way to contact you: *(circle one)* Phone E-Mail

Dates of Winter Break & Spring Break: _____

Program Start Date: _____ Approx. Program End Date: _____

Progress Charts Needed? (with four goal levels): *(circle one)* Yes No

Total # of Teachers/Staff participating in the program: _____

Total # of Students beginning in the program: _____

Your Night at the Corn Crib! *Please write #1, #2, and #3 below your top three choices for your school's night at the ballpark. We assign game dates on a first-come, first-serve basis.*

May 17 May 31 June 14 June 21 June 28 July 5 July 19 August 30

Please return this enrollment form to Mike Petrini:

(fax) 309-454-2287

(e-mail) mpetrini@normalbaseball.com,

(mail) 1000 W. Raab Road Normal, IL 61761

If you have any questions, please call Mike Petrini at (309) 451-3447.